

AQUATIC FACILITY PROFILE CHANGE FORM

PR NUMBER(S) AFFECTED (look on your license or license application; each pool or spa has a separate number): _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

FACILITY EMAIL: _____

OWNER INFORMATION

☐ **IF NEW OWNER CHECK BOX**

DATE OWNERSHIP CHANGED: _____

TAX ID #: _____

OWNER NAME: _____

(If applicable) dba _____ c/o _____

OWNER MAILING ADDRESS: _____

OWNER PHYSICAL ADDRESS: _____

OWNER'S EMAIL: _____

FACILITY EMERGENCY CONTACT INFORMATION

NAME OF EMERGENCY CONTACT: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE #: _____ **ALTERNATE PHONE #:** _____

EMERGENCY CONTACT'S EMAIL: _____

SEND LICENSE / INVOICE TO:

- ☐ **OWNER MAIL ADDRESS**
- ☐ **FACILITY CONTACT MAIL ADDRESS**

NAME OF PERSON COMPLETING THIS FORM: _____

TITLE: _____ **DATE:** _____

PHONE NUMBER (in case we need to contact you for clarification): _____

Please return: by mail to Columbus Public Health, Water Protection Program, 240 Parsons Ave, Columbus, OH 43215, or by fax to 614-645-7155



THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR

COLUMBUS
PUBLIC HEALTH